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Correction: clinical utility and limitations of intraoperative monitoring of visual evoked potentials

Luo, Yeda ; Regli, Luca ; Bozinov, Oliver ; Sarnthein, Johannes

Abstract: This corrects the article DOI: 10.1371/journal.pone.0120525.

DOI: <https://doi.org/10.1371/journal.pone.0133819>

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CORRECTION

Correction: Clinical Utility and Limitations of Intraoperative Monitoring of Visual Evoked Potentials

Yeda Luo, Luca Regli, Oliver Bozinov, Johannes Sarnthein

There are errors in the Anesthesia management section of the Methods. This section should read: Following our standard protocol for neurosurgical interventions, anesthesia was induced with intravenous application of Propofol (1.5–2 mg/kg) and Fentanyl (2–3 µg/kg). The intra-tracheal intubation was facilitated by Atracurium (0.5 mg/kg). Anesthesia was maintained with Propofol (5–10 mg/kg/h) and Remifentanyl (0.1–2 µg/kg/min). Patients were continuously relaxed with Atracurium (0.5 mg/kg/h) unless motor evoked potentials were monitored.

Reference

1. Luo Y, Regli L, Bozinov O, Sarnthein J (2015) Clinical Utility and Limitations of Intraoperative Monitoring of Visual Evoked Potentials. PLoS ONE 10(3): e0120525. doi: [10.1371/journal.pone.0120525](https://doi.org/10.1371/journal.pone.0120525) PMID: [25803287](https://pubmed.ncbi.nlm.nih.gov/25803287/)



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